



BOROUGH OF DAVENTRY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1968



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FOR THE YEAR 1968

DAVENTRY BOROUGH COUNCIL

HEALTH DEPT.
MOOT HALL,
DAVENTRY,
NORTHANTS.

Telephone: Daventry 2172

To His Worship the Mayor, Aldermen and Councillors,
of the Borough of Daventry.

I have the honour to present my thirteenth Annual Report, incorporating that of the Public Health Inspector on the health and sanitary circumstances of the town.

The report continues to serve two functions. The first to give an annual assessment of the environmental factors relating to health together with the necessary statistics and the second to record some observations on general trends relating to the community as a whole. The latter also gives some advice on factors which may adversely affect health either now or in the future.

The figures for population are issued for mid-year by the Registrar General and they showed a rise of from 6,860 to 8,500. By the end of the year this figure was probably exceeded by at least a further thousand.

There were 118 deaths an increase of 24 on last years figure of 94 giving a crude rate of 13.9 (S.R. 9.0). The causes of death remain similar to last year, and are either due to diseases of heart and circulation or the cancers, which occur predominantly in the elderly. However 23 died before the age of 65.

There was a slight increase in the incidence of infectious diseases, but this was largely due to a higher incidence of measles which is exhibiting its usual biennial incidence. An effective vaccine became available this year against this almost universal illness, and it is now to be hoped that there will be a considerable decline in numbers affected. In relation to other infectious diseases the need to maintain a good response from the public to immunisation remains very necessary. Parents are reminded to have their children immunised to diphtheria, whooping cough, tetanus, poliomyelitis and smallpox and now measles, not forgetting the necessary booster immunisations, with tuberculosis following in the early teens. The town has always shown a good response to these vitally important procedures and there there is no indication that figures are falling, and once again I should like to thank all concerned parents, nurses and doctors for their co-operation.

There have been no cases of food poisoning and only two cases of dysentery. Elsewhere the incidence of these two diseases continues to be too high. The majority of cases of these diseases is caused by faulty food handling, and scrupulous care in the storage, preparation, and sale of food is essential. Clean milk, pure water and efficient meat inspection must be maintained also. These standards are sustained by constant inspection, exhortation and sampling by the local authority; however without the co-operation of both the trade and the public these efforts cannot be successful. High standards in shops and cafes are not only good practice but are good business. The public should refuse to accept unsatisfactory practices not only in business premises but also by keeping the strictest methods in their own homes and their own personal hygiene.

The sixth year of planning and expansion of the town has continued. During the year 516 houses were completed making a total of 877 for expansion; the majority of tenants coming from Birming-

ham under the overspill scheme. Closure of unfit properties also proceeded. 24 bungalows were completed by the Borough Council and occupied by the elderly. Private enterprise also provided 82 houses.

The water supply was adequate and extensions are planned to meet the needs of expansion.

The present sewage works are being overloaded and temporary measures have been adopted to provide an acceptable effluent. A new treatment works is being designed at the present time which will be sited 4 miles from the town. Details are outlined in Section C.

The swimming pool now in its seventh year continues to be a successful and popular amenity both for the town and surrounding district. The great majority of schoolchildren in the area have learnt or are learning to swim, and it is pleasing to record once again no deaths from drowning. A learners pool was opened in 1968. This relieved congestion in the larger pool.

While the environmental situation in relation to health improves annually new problems arise. A rising population together with an affluent, highly mobile society are producing new environmental problems, the solution of which will cause many further challenges. The quantity of refuse increases annually together with the problem of its future disposal. Additional housing and the modernisation of older properties giving everyone a piped water supply and suitable sewage disposal has added to water consumption and emphasised the continual need for modern methods of sewage control. Increasing ownership of motor cars, and transportation by road of goods requires adequate motorways and presents the tragic problem of death and mutilation from road accidents. The pollution of rivers and water courses by insecticides and other chemicals, the mass production of food using factory farming methods and chemical additives, the universal use of detergents, atmospheric pollution, the increase of noise in cities, all present new problems which could be as hazardous to health as the infectious diseases of the past.

In relation to personal health, while children and young adults have never been healthier, and people are living longer there remain many problems, both of preventable disease, and in the relief of suffering. The causes of some fatal and other crippling diseases are as yet unsolved. There remains the enigma of cancer, and that of the rheumatic diseases with its allied afflictions of bones, joints and muscles. However, many afflictions are preventable, and these depend now less on the control of the environment than on the life the individual chooses to lead. It is our duty to observe the trends and then to inform. This information should be clearly stated, repeated constantly and the advice should give cogent reasons for its acceptance. It is disturbing to note that at the present time the tendency is for warnings to be ignored. The future health of the community will depend increasingly on the response to these facts.

In no other field is the message clearer than in the individual choice of whether to smoke or not. It is probable that 50,000 deaths a year in Great Britain are caused from cigarette smoking not only from cancer of the lung, the annual total of which is steadily rising, but from coronary thrombosis, chronic bronchitis and pneumonia; should such a toll of death and suffering be caused by any other preventable illness, a massive machinery would be demanded to prevent it. There has been recently a national campaign, with much pressure on the government to institute cervical cytology testing, yet cervical cancer is causing less than 3,000 deaths a year. The facts relating to smoking and lung cancer are now well known, yet the message is ignored, and it is probable that the only section of the community who are smoking less are the medical

profession. Cigarette smoking is a habit, becoming in some an addiction where there is no aparent immediacy of danger and when abstinence requires a sustained effort over many years with little apparent benefit. In addition the tobacco industry is world wide involving capital, employment and governments obtain large revenues from taxation. Economic problems could result should the habit cease. Large amounts of capital are used to promote advertising, while the puny efforts of health educators with infinitesimal reserves at their disposal go unheeded. Individuals therefore remain apathetic for lack of clear initiative. The efforts of the medical profession must continue and the need for action assiduously pressed

In assessing illnesses which can be preventable, while smoking is a habit which can be accepted or refused, the prevention of early arterial disease is more complex. There is evidence however, that cigarette smoking may contribute to the incidence of coronary thrombosis. However, the early onset of arterial disease in males would appear to be increasing in all civilised countries in the world. Men are dying or being crippled in their prime, at the time of their greatest contribution to society, and while their commitments to their families are still high. The causes of arterial disease can only be inferred, and like cancer, these may be multiple. Some are known to be hereditary. Of the known facts the salient ones are that the incidence is lower in those who have taken regular physical exercise throughout life, and in those who are not obese. Modern life with its tendency to lessen physical exertion, with abundance of many highly refined foods increase both these factors. Thus excessive calorie intake without the compensatory effect of exercise combine to cause this early degenerative condition. It is disturbing now to consider that many young people are starting to smoke earlier than their predecessors, cease to take any form of regular exercise on leaving school and often eat excessively. Perhaps the early onset of coronary thrombosis of epidemic proportions may occur in the next or succeeding generations, should not urgent measures be taken to prevent such a catastrophe.

In the field of mental health, in spite of the relief of poverty and its attendant anxieties, there is little evidence of improvement. Indeed, the incidence of crime, the new problem of drug addiction together with disruption of family life by the increased divorce rate, in sexual permissiveness and cruelty to children indicate that our society, while experiencing both more material prosperity and physical comfort, remains immature and lacking in stability. However, I believe that the present generation of young people are the most physically sound of any generation yet produced, are probably the best educated, and indeed the great majority are leading useful and energetic lives. A minority only are seeking those diversions which are harming both themselves and others.

The numbers of people who are killed or injured as a result of accidents, both at home and on the road, continue to be far too high, as the majority of these accidents are preventable. Details of causes and suggestions for prevention are given in Section A.

I wish to express my continued thanks to Mr. Schofield, the Public Health Inspector for his diligent work throughout the year, to those who have contributed to the compilation of this report, to the Chairman and Members of the Public Health Committee for help and encouragement and to the County Medical Officer of Health for his ready co-operation at all times.

JOAN M. ST. V. DAWKINS,
Medical Officer of Health.

August, 1969.

BOROUGH OF DAVENTRY

Members of the Public Health Committee:

Councillor D. C. Tooby (Chairman)

Councillor W. Brooker (Vice-Chairman)

Alderman T. R. Webb
Alderman L. B. Butcher.

Councillors ~~L. B. Butcher~~, F. E. Hillmann, J. Meers
H. McConnochie, W. G. Tatcher.

Public Health Officers of the Borough of Daventry:

Joan M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H.

Medical Officer of Health

Medical Officer of Health Brackley and Daventry Borough Councils and
Brackley, Brixworth, Daventry, Northampton and Towcester Rural
District Councils, Senior Assistant Medical Officer of Health
Northamptonshire County Council.

Also Acting Medical Officer of Health Higham Ferrers Borough, Oundle,
Raunds and Rushden Urban District Councils,
Thrapston and Oundle Rural District Councils.

Ikram.ul Majid, M.B., B.S., D.P.H.

Deputy Medical Officer of Health (resigned May)

G. N. Schofield, R.S.I.J.B., M.A.P.H.I., Public Health Inspector

Certified Inspector of Meat and Foods

Shops Act Inspector

Petroleum Officer

SUMMARY OF VITAL STATISTICS 1968

Area (in acres) 3,633; Population 8,500; Number of separate dwellings occupied 3,132; Rateable value 1968 (April) £354,042; Product of a penny rate £1,970.

LIVE BIRTHS (Rate per 1,000 estimated population)

	Male	Female	Total	Rate	Rate for England & Wales
Legitimate	90	102	192		
Illegitimate	5	5	10		
	95	107	202	23.8	16.9

(S.R. 27.37)

ILLEGITIMATE LIVE BIRTHS (Per Cent of total live births)

Male	Female	Total	
5	5	10	5.0

STILL BIRTHS (Rate per 1,000 live and still births)

Male	Female	Total		
1	2	3	15.0	14.0

TOTAL LIVE AND STILL BIRTHS

Male	Female	Total
96	109	205

INFANT DEATHS (Deaths under 1 year)

Male	Female	Total
1	4	5

INFANT MORTALITY RATES (Rate per 1,000 live births)

	Male	Female	Total		
Legitimate	1	3	4	25.0	18.0
Illegitimate	—	1	1		

NEO-NATAL MORTALITY RATE (Deaths under 4 weeks per 1,000 live births)

Male	Female	Total		
1	4	5	25.0	12.3

EARLY NEO-NATAL MORTALITY RATE (Deaths under 1 week per 1,000 live births)

Male	Female	Total		
1	3	4	20.0	10.5

PERINATAL MORTALITY RATE (Stillbirths and deaths under 1 week combined per 1,000 live and still births)

Male	Female	Total		
2	5	7	34.0	25.0

MATERNAL MORTALITY (Including abortion) Nil

DEATHS (All causes)

Male	Female	Total		
40	78	118	13.9 (S.R. 9.0)	11.9

CAUSES OF DEATHS AT DIFFERENT PERIODS OF LIFE DURING 1968

CAUSE OF DEATH		Total all Ages	Ages in Years										75 & over
			Under 4 weeks	4 Weeks & under 1 year	1	5	15	25	35	45	55	65	
Enteritis and other Diarrhoeal Diseases	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm — Stomach	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	2	—	—	—	—	—	—	—	1	—	—	1
Malignant Neoplasm — Breast	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	—	—	1	—	—	—	2	1
Malignant Neoplasm — Uterus	F	2	—	—	—	—	—	—	—	—	—	—	2
Other Malignant Neoplasms, etc.	M	3	—	—	—	—	—	—	—	—	1	1	1
	F	4	—	—	—	—	—	—	1	—	—	—	3
Diabetes Mellitus	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	1	—	—	—	—	—	—	—	—	—	—	1
Other Endocrine etc. Diseases	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	1	—
Chronic Rheumatic Heart Disease	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Hypertensive Disease	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Ischaemic Heart Disease	M	18	—	—	—	—	—	—	—	2	1	6	8
	F	26	—	—	—	—	—	—	—	—	2	1	23
Other Forms of Heart Disease	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1

Cerebrovascular Disease	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
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SUMMARY OF VITAL STATISTICS OVER PREVIOUS 6 YEARS

Year	Estimated	Births		Under 1 No.	Deaths		All ages Rate
		No.	Crude Rate		1 year Rate	No.	
1963	6060	103	17.0	1	9.7	73	12.04
1964	6130	101	16.48	1	10.0	91	14.84
1965	6280	119	18.15	—	—	64	10.2
1966	6410	124	19.4	2	16.1	80	12.48
1967	6860	130	19.0	2	15.0	94	13.7
1968	8500	202	23.8	5	25.0	118	13.9
		(S.R. 27.37)				(S.R. 9.0)	

SECTION A

NATURAL AND SOCIAL CONDITIONS

AREA

The acreage of the town is 6,633 and the population is now 8,500.

Daventry received its Charter as a Borough from Queen Elizabeth I in 1576, and is, therefore, one of the Ancient Boroughs. During the 16th and 17th centuries it became a busy coaching centre, which provided the main industry of whip making. With the disappearance of the coach, employment came from the boot and shoe industry, augmented later by the B.B.C. transmitting station at Borough Hill.

During this period, the character of Daventry changed little, with its wide rural boundaries and its central rather cramped area. However, since 1953-54 when the large tapered roller bearing factory of British Timken was established to the north of the town, the population has steadily increased and the character of the town is changing. The old town remains, but virtually a new town with well spaced modern dwellings has been built in the north and south. Now with the decision of acceptance as an overspill town for the people of Birmingham, the town's growth will be considerable and the prospect is a stimulating one.

POPULATION

The estimated mid-year population calculated by the Registrar General was 8,500 representing an increase of 1,640 on the 1967 figure. Natural increase, excess of births over deaths was calculated to be 84.

BIRTHS

Live births numbered 202 giving a rate of 23.8 (S.R. 27.37) per 1,000 live births. The national rate is 16.9.

INFANT DEATHS

Five deaths were recorded during the year.

STILLBIRTHS

There were three stillbirths.

ILLEGITIMATE BIRTHS

Ten illegitimate births took place during the year six more than in 1967.

MATERNAL MORTALITY

No maternal deaths were recorded during the year.

DEATHS

This year, as for the previous year, the Registrar General has listed the causes of death in groups of under one year, then 1-5 years, and thereafter in decades to 75 and over. Male and female deaths are also shown.

The vital statistics for the year show that there were 118 deaths compared with 94 the previous year, giving a crude rate of 13.9 compared with 13.7 for 1967. The Standardised Rate was 9.0 compared with that for England and Wales of 11.9. The Standardised Rate is calculated from the Registrar General's comparability factor (0.65), which makes allowance for age and sex distribution of the population in different areas, and is adjusted specifically to take into account any residential institution in the district, especially of the aged, which applies particularly in this area.

This year, nationally, the number of deaths from cancer of the lung has increased, statistics also show an increase in a lower age group. Males still predominate but females are catching up due to the increase in the number of female cigarette smokers. In 1929, 2,715 died from cancer of the lung, in 1939, 6,214, in 1963, 24,434, in 1965, 26,399, in 1966, 27,013, in 1967, 28,250 and in 1968, 28,826; there being 23,896 males and 4,930 females.

The relationship between heavy cigarette smoking and cancer of the lung has been well established. It can also contribute to other chest conditions such as chronic bronchitis and may be an adverse factor in coronary heart disease. Yet each year thousands of young people start to smoke and many others continue to indulge in heavy cigarette smoking. The efforts of health education would appear to be having little success. It may be easy to achieve a public response to single and immediate request such as attendance for immunisation but to succeed in long term influence is another matter. In trying to prevent lung cancer we are asking for a sustained effort over many years so that habits are inculcated which will reduce a risk which has no apparent immediate effect. Our aim must however continue to be directed by all means at our disposal, towards young people in an endeavour to prevent them from initially acquiring the smoking habit. Those whom children admire, and therefore emulate have a responsibility to show by their example that cigarette smoking is a foolish habit. Parents, teachers, youth leaders, sportsmen, actors, pop stars and all those whom the young may follow need to realise how considerable is their own influence and example in this respect.

The emergence of early degenerative disease of the arteries is now becoming significant especially among middle aged males. These men in their prime and at a time of their greatest contribution to society are often killed or crippled by coronary thrombosis or strokes. This disease which now assails all the highly developed communities is a challenge which is not being met. The majority of individuals are unaware of the dangers of a pattern of life, assumed in early adulthood and followed without change until the cataclysm strikes them. The causes remain unsolved, and the factors involved are probably multiple. However, one salient feature is apparent, and this is a simple one that early arterial disease is less evident in those who take regular physical exercise. Today with mechanisation of industry, the widespread use of motor vehicles, entertainments which require no physical participation, particularly the almost universal use of television together with an increase in the number of workers whose work is almost entirely sedentary, the proportion of people who have adequate exercise is declining. It is therefore wise to establish the habit of being as physically active as possible starting after leaving school and continuing throughout life with suitable modification to the years. While at school the emphasis is on team games, and many children fail to continue their activity after leaving school. However, swimming, squash, golf, fishing, sailing, walking, dancing, horse riding and gardening are all activities that can be continued either alone or with small groups, and some of these suitably adapted may go on throughout life. The daily walk is specially recommended as this is an activity which can be pursued to old age. This together with the need to exercise some moderation in the consumption of food, to watch against obesity and the endeavour to maintain a benign and tolerant attitude to life and labours may indeed help to avert an early onset to arterial degeneration.

A small decline of approximately 7% can be reported in deaths from road accidents and this is attributed to the breathalyzer test. In 1968, 6,810 people died as a result of accidents on the road compared with 7,487 in 1967. Since the beginning of the century, road accidents in Great Britain have caused over 300,000 deaths.

Thus on an average day 20 people die as a result of such an accident, one road user being killed nearly every hour. Analysis by age has shown the 15-26 age group, males predominating, and is most probably due to the temperamental failure of this age group. The necessity of proper maintenance of the vehicle, habitual use of safety devices such as belts in cars and helmets for motorcyclists, and driving with due consideration for the safety of other road users is stressed.

The respiratory infections still take their toll, though less than formerly. The great majority of deaths from pneumonia are in those whose health is undermined by other causes and is as such only a terminal event. There were 8 deaths from pneumonia, 7 from influenza and 2 from bronchitis. There were no deaths from tuberculosis.

The Journal for Home Safety has published in July, 1969, the following report on accidents in the home in 1967:—

HOME ACCIDENT DEATHS IN GREAT BRITAIN, 1967

The total number of accidental deaths in and around the home in Great Britain in 1967 was 7,909. There were 6,722 deaths in private homes and 1,187 in residential institutions. Thus there were 674 (or 7.9 per cent) fewer fatalities than in 1966. It was in fact the lowest total for ten years.

Home accident deaths constituted over 38 per cent of all accident fatalities in 1967, and accounted for 1.3 per cent of deaths due to all causes.

The annual totals of home accident fatalities in England and Wales and in Scotland for the ten years 1958-67 are given in the table below.

In England and Wales there was a reduction of 7.2 per cent compared with the previous year. In Scotland deaths decreased by 11.9 per cent.

Deaths	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales	7001	7010	7030	6882	7627	8024	7370	7330	7470	6929
Scotland	1156	1147	1115	1262	1297	1275	1276	1157	1113	980
Total	8157	8157	8145	8144	8924	9299	8646	8487	8583	7909

The second table gives an analysis of the 1967 figures according to cause, age-group and sex. Death rates per 100,000 population are also given.

In the four main cause categories fatalities showed a reduction compared with 1966, although deaths due to 'other' causes increased. Deaths to children aged 5-14 numbered the same as before, and in the age-group 45-64 years there was a slight increase.

Cause of Death	Age-group (years)					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65&+	Male	Female	
Poisoning	33	13	316	494	624	637	843	1480
Falls	78	12	75	336	3906	1252	3155	4407
Burns and Scalds	123	45	60	135	428	325	466	791
Suffocation and Choking	526	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	489
Total	874	115	637	1128	5155	2923	4986	7909
Death Rate*	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.8

*Deaths per 100,000 population

Sixty-five per cent of the deaths in 1967 were in the age-group 65 and over. Eleven per cent of the total fatalities were to children under five years old.

The annual figures of home accident fatalities in Great Britain for the five years 1963-67, analysed according to cause, are given in the following table:—

Cause of Death	1963	1964	1965	1966	1967
Poisoning	2124	1782	1697	1719	1480
Falls	4830	4641	4538	4660	4407
Burns and Scalds	1058	886	872	951	791
Suffocation and Choking	792	896	900	812	742
Others	495	441	480	441	489
Total	9299	8646	8487	8583	7909

Falls constitute the first and foremost cause of accident fatalities in and around the home, accounting for more deaths than all other causes together. The 1967 toll was 4,407, i.e. nearly 56 per cent of the total. About six out of ten of the deaths were due to falls on one level — tripping, slipping and stumbling. And more than a quarter of the fatalities were caused by falling from one level to another, e.g. down stairs, from ladders, etc. The remainder were due to unspecified falls. Nearly 89 per cent of the victims of falls were aged 65 years and over.

Poisoning is always the second most frequent cause of home accident deaths. In 1967 in Great Britain fatalities due to poisoning numbered 1,480, i.e. nearly 19 per cent of the total. Over 43 per cent of the accidents involved household gas, the toll being 642. In this category the majority of the victims were elderly. Deaths caused by other gases numbered 63. Poisoning fatalities due to solid and liquid substances totalled 775, the vast majority of these involving drugs.

The third major cause of accidental deaths in the home is burns and scalds. Such accidents claimed 791 victims in 1967, i.e. 10 per cent of the total. Under this general heading there are two main sub-categories. About nine out of ten of the victims died as a result of fire and explosion of combustible materials (burns due to clothing catching alight, by falling into the fire, conflagration etc.). The remaining fatalities were caused by hot substances, corrosive liquids and steam.

Suffocation and choking constitute the fourth main cause of fatal home accidents in Great Britain. There were 742 deaths under this heading in 1967, over nine per cent of the total. About two out of three of the fatalities were due to choking over food. The majority of the remaining deaths were caused by suffocating in beds, cots and cradles. Seventy-one per cent of the victims of accidental suffocation and choking were babies and children under five years old.

Lastly, deaths due to other miscellaneous causes totalled 489 in 1967. In the case of drowning accidents there were 75 fatalities, and deaths due to electrocution numbered 70. Other causes included excessive cold (38 deaths), blows from falling objects, etc. (31), lack of care of infants under one year old (28), firearms (27) and foreign bodies in orifice (20).

Note: As in the previous analysis in this series, this analysis includes deaths in Scottish residential institutions (which numbered 97 in 1967 and 82 in 1966).

The figures in this analysis are taken from the Registrar General's Statistical Review of England and Wales for the Year 1967 (Part I — Medical Tables) and from the Annual Report of the Registrar General for Scotland, 1967 (No. 113). RoSPA also produces separate statistical analyses of home accident deaths covering England and Wales only (which is extra detailed) and Scotland.

SECTION B

GENERAL PROVISIONS OF HEALTH SERVICE

LABORATORY SERVICE

The Emergency Public Health Laboratory Service is available for work in connection with the diagnosis and control of infectious diseases. It is situated adjacent to Northampton General Hospital. The co-operation and able service which is always provided is greatly appreciated.

AMBULANCE SERVICE

General medical, surgical and infectious disease cases are moved by the Ambulance Service operated by the County Council.

TREATMENT CENTRES AND CLINICS

An Infant Welfare Clinic was held in Daventry on the first and third Friday of each month at the Foundry Hall.

A Mobile Dental Clinic visits the schools periodically.

TUBERCULOSIS

Cases suffering from tuberculosis are treated at Creaton or Rushden hospitals.

The Tuberculosis After-Care Committee continued to serve both the Borough and the surrounding Rural District.

A chest clinic is held at fortnightly intervals at the Danetre Hospital, and continues to be of great service to local patients.

NURSING AT HOME

Health Visitors, District Nurses and Midwives are provided by the County Council. The Services of a permanent full-time Health Visitor, in the town is much appreciated.

HOME HELP SERVICE

This service is also provided by the County Council, and is of particular value both in illness, domiciliary maternity cases and for old people who may, with the assistance of a home help, remain at home rather than be sent to an institution.

HOSPITAL SERVICE

All infectious disease cases, excepting only tuberculosis sufferers, are treated at Harborough Road Isolation Hospital, Northampton, while general medical and surgical cases receive treatment at Danetre Hospital, Northampton General Hospital or Hospital of St. Cross, Rugby.

NATIONAL ASSISTANCE ACT 1947 Section 47 (Amendment 1951)

No action was necessary under this Act during the year, though a number of old people were visited in their homes. In some cases hospital admission was arranged and accepted voluntarily without having recourse to Section 47.

SERVICES FOR OLD PEOPLE

The following provided services for old people:

1. The National Health Service

(a) General Practitioner

(b) Hospital and Specialist Services including the Almoner Service.

2. The County Council

1. District Nurses
2. Health Visitors
3. Home Helps
4. Certain home equipment where necessary

(b) The Welfare Department

1. Part III accommodation and homes
2. Special services for blind, etc., and home fittings where necessary.

3. The Department of Health and Social Security

Financial help where necessary.

4. The Borough Council

Homes for the aged, including bungalows and flats.

5. Voluntary Organisations

The voluntary organisations are particularly active in this area, and provide many services which include Meals on Wheels, Darby and Joan Clubs, chiropody, home visiting and holiday schemes. A report on the activities of the voluntary services follows:—

DARBY & JOAN CLUB

This club has again been run in an excellent manner. Club meetings are held each Friday with the exception of holiday periods. These are held in the Methodist School room, and refreshments are served by W.R.V.S. members.

The membership of the Darby and Joan has now risen to over 100. A few elderly persons from the villages have been allowed to join, because there are no similar organisations in their own communities. Many outings are arranged throughout the year and a number of local organisations give financial support to the Club.

A Chiropody service is also run by the W.R.V.S. as agents for the County Council. The Chiropodist attends the Club once each month.

The following W.R.V.S. members are in charge of the service:—

W.R.V.S. Centre Organiser — Mrs. L. F. Jones.

Club Leader — Mrs. M. Edwards. Treasurer — Mrs. J. Atkins.

MEALS ON WHEELS

This service is run by the W.R.V.S. and dinners are delivered twice weekly to some 15 old folks in their homes. It is appropriate to express thanks in this report to the few ladies, who without fail turn out in all weathers to deliver these meals. Both the Borough Council and the County Council make a contribution towards part of the cost of this service and a charge of 1/6d is asked from the recipient of each meal supplied.

The dinners are cooked in the kitchen of the Evelyn Wright Home, which is run by the Welfare Department of the County Council.

DAVENTRY OLD PEOPLE'S WELFARE COMMITTEE

This Committee is primarily concerned in liaising with other local organisations and assisting the elderly in a variety of ways. Visiting is undertaken by its members. In a few cases, gardens have been attended to and a Christmas Parcel scheme resulted in the distribution of over one hundred parcels. The children of the Daventry School, Ashby Road collected a large amount of food for these parcels and also helped with their distribution. Both Mr. Perring and Nurse Fennell, who are members of the Old People's Welfare Committee in Daventry, are to be congratulated for their help in organising the parcels scheme.

Everyone is aware of the growing number of elderly people in the community. At present in England and Wales there are 5½ million people aged 65 and more: within the next decade the total will rise to 7 million and by the year 2001 to nearly 7½ million. This growth is a direct result of the rising number of births during the late Victorian and Edwardian era, the saving of life from improved living standards and the successful control of infectious diseases. The majority of elderly people can look after themselves, but many are unable to do so. This provides a social complex involving many problems. Though the age of retirement is known often little preparation is made. The need for accommodation will be either in separate dwellings adapted to individual needs, in residential homes, with their families or in their existing homes. Loneliness is the great problem and is far too common, when combined with the need for adequate income the situation is sometimes tragic. The major physical disabilities of old age, arthritis, bronchitis, strokes, heart disease are well known and need special nursing and medical care. Increasing frailty and mental difficulties add to the problem. The community provides certain services but many elderly people fail to avail themselves of these or even know whom to ask for information. The solution of caring for the elderly has yet to be found, and is a task which falls on us all, the elderly people themselves, their families, their neighbours, and voluntary and statutory services.

SECTION C

SANITARY CIRCUMSTANCES OF THE DISTRICT

WATER SUPPLY

Daventry receives its water supply from Pitsford reservoir which is situated some 12 miles away. The undertaking is managed by the Mid-Northamptonshire Water Board. Consumption was approximately 0.43 million gallons per day and was adequate for all purposes. Almost all houses have a main supply connected into the property.

The water is moderately hard and slightly alkaline. There is no excess of mineral or saline constituents; the water has no plumbo-solvent re-action. All water is chlorinated.

No action has yet been taken to add fluoride to the water. On several occasions during the past five years the Council has supported the recommendations that this should be done. Analyses shows the water to contain 0.25 p.p.m. natural fluoride.

The Board has continued to extend its water mains to new housing areas particularly those being developed for overspill families. In this connection work commenced on the Grange Housing site situated to the west of the town.

The Daventry storage reservoir is situated on Borough Hill and affords an adequate water pressure to all areas to be developed. It is planned to supplement this by another reservoir on Newnham Hill at a later date.

The following is a copy of a recent report.

Northampton and Daventry Distribution Areas

Chemical Results in parts per million (Mg/L)

Appearance, Clear and Bright.		Free Carbon dioxide	2
pH	7.9	Dissolved solids dried at 180°C	300
Electric Conductivity (Reciprocal Megohms per cm)	440	Alkalinity as Calcium Carbonate	95
Chlorine present as Chloride	29	Carbonate hardness	95
Total hardness	160	Calcium	51
Non-carbonate hardness	65	Silica	3
Magnesium	7.8	Residual Chlorine	0.7
		Fluoride	0.25

Iron, Zinc, Copper, Lead, Manganese: Absent.

A total of 19 samples were taken from within the Borough last year for bacteriological examination. The results showed the water to be of a satisfactory standard of organic and bacterial purity.

DISINFESTATION SERVICE

A number of treatments were carried out at domestic premises, there being no charge for this work. Several treatments were undertaken at business premises and appropriate charges made to cover the special solutions used.

The infestations mainly concerned trouble with fleas, ants, beetles, earwigs, wasps nests and wood boring insects. Several instances of death watch beetle were included in the latter.

SEWERAGE AND SEWAGE DISPOSAL

The present sewage treatment works are situated to the east side of the town and are approached from Welton Road. These works were rebuilt some 7 years ago and have since been added to in order to cope with extra flows of sewage resulting from the recent rapid growth of the town. A new treatment works is being designed at the present time and this will be constructed 4 miles from the town on a site of 49 acres. This site was purchased during the year and it is expected that the works will take some 3 years to complete including the laying of associated trunk sewers from Daventry. In the meantime the present works are being overloaded but with the operation of the "Rapid Bloc" Extended Aeration Sewage Treatment Unit added 2 years ago and temporary land irrigation it has been possible to discharge an acceptable effluent.

The Southern (1966) and Drayton Outfall (1967) Foul trunk sewers have been completed and are now carrying drainage from the new housing and factory sites. The Drayton sewer serves the Royal Oak Industrial site and also the Grange Housing site where development has recently commenced. A surface water trunk sewer having a section area of 8 feet x 6 feet was also constructed to serve the same part of the town and this has obviated flooding in Drayton.

A surface water sewer for the southern area is expected to be commenced during the coming year. Some foul drainage overflowed into the stream near Lendon Road when storms occurred and this was very unsatisfactory. This state of affairs should be remedied once the work referred to above has been completed, and there is a degree of urgency in this matter.

Factory effluents were sampled at intervals by a part-time officer who deals solely with the discharge of trade waste effluent.

A problem which has arisen appertains to the discharge of large quantities of surface water, from areas now being developed, into the Daventry reservoir, owned by British Waterways. The cost of works necessary to this reservoir and outfall could be considerable and the legal department is actively considering the Council's position in relation thereto.

RODENT CONTROL

This service was provided free to householders. Business premises were dealt with by contract with the Council and treated as and when necessary. Routine survey work was undertaken in the central area and test baits were laid at frequent intervals in the vacant properties due for demolition. This block method of treatment has proved very successful.

Particular attention was paid to the sewers and drains especially those being laid to serve new housing sites. A few cases of infestation occurred in new houses and these were eliminated by use of anti-coagulant poisons such as warfarin.

The refuse tip was permanently treated and visits were also paid to the sewage works and contractors sites.

It was planned to hold a meeting in Daventry to illustrate the rodent control work carried on in an old town subject to large scale expansion. This was at the suggestion of the Ministry of Agriculture, Fisheries and Food and preparations were being made for the meeting to be held early during 1969.

ANNUAL REPORT OF RATS AND MICE

Prevention of Damage by Pests Act, 1949

	Non-agricultural	agricultural
1. Number of properties in district	3,744	21
2. (a) Total number of properties (including nearby premises) inspected following notification	88	1
(b) Number infested by (i) rats	48	1
(ii) mice	18	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	120	5
(b) Number infested by (i) rats	14	2
(ii) mice	1	—
4. Sewers		
(a) Inspection chambers surveyed	50	
(b) Number found to be infested and dealt with	3	

REFUSE COLLECTION

A weekly collection was maintained of refuse from domestic premises and the waste material was disposed at the Dodford Tip. The surface of the tip was partially covered with soil and was controlled by a full time attendant. In order to reduce fly breeding liquid insecticide was applied to the surface during summer. The spraying was done at the end of each week and this measure proved very satisfactory. The tip was under a continuous treatment against rodents.

An experiment was carried out during the year with the use of polythene sacks. These were placed in ordinary dustbins which acted as holders. The sacks tended to tear when being removed from the metal bins and were not generally considered satisfactory.

Private householders can hire dustbins through the Council at a charge of 7/6d. per annum. Plastic bins will be obtained for use during the coming year as it is thought that this lighter bin has certain advantages, especially where elderly persons are concerned.

A typical analyses of refuse shows that paper is responsible for 65 per cent of the volume of present day domestic waste. The volume of refuse is reported to have doubled in the past 20 years and if this continues disposal facilities will have to grow in proportion. The Council's tip was being filled more quickly as a result of the expansion of the town and an alternative tip was being sought.

COMMON LODGING HOUSES

There were no premises registered for this purpose.

CARAVAN SITES ACT, 1960

There were no licensed sites within the Borough.

A number of caravans were stationed on building sites and occupied by employees engaged on development projects. These were inspected and action taken to deal with any matters relating to health. Problems do arise from time to time when scrap dealers park on land, as they often leave litter behind.

ANIMAL BOARDING ESTABLISHMENTS

During the year the only premises previously licensed under the above Act were closed when the premises were sold.

SWIMMING BATHS

Daventry now has two open air swimming pools situated along Ashby Road. The second one, opened in May, 1968, was classified as a learners pool and was built to relieve congestion of bathers in the main pool. It measures 82½ feet in length x 30 feet in width and the depth varies from 2½ feet — 5½ feet at the deep end.

The site is in pleasant surroundings and frequently caters for some 2,500 visitors daily in hot weather and the number continues to increase with more families coming to live in the town under the expansion scheme.

The water supply is filtered and chlorinated. Samples were taken for bacteriological examination and found to be satisfactory. School children over 8 years of age attend weekly sessions during term times.

PETROLEUM REGULATIONS

23 premises were licensed by the Council to store petroleum substances. During the year two petrol storage tanks were tested and found to be satisfactory. The Auto-car Garage in Sheaf Street was demolished and your Inspector supervised the removal of the underground tanks. These tanks were filled with nitrogen gas as a safety precaution before their removal for scrap. A further storage unit within the central area was closed at the Electricity Depot; the tank was water filled pending the re-development of the site.

An incident arose at one store due to the corrosion of a vent pipe at ground level which resulted in ingress of certain chemical liquid into the tank. This tank was subsequently cleansed, examined and pressure tested and the vent pipe renewed.

An underground petrol store is to be built at the new factory for Messrs. Green Shield Stamps.

Inspections were made of petroleum inflammable stores at factory premises licensed to store these substances.

ATMOSPHERIC POLLUTION

The degree of atmospheric pollution while low in Daventry does not infer that there is no pollution

The connection between such illnesses as bronchitis and air pollution make it essential to take steps wherever possible to keep the air we breathe pure

Care has been taken with new factories to ensure that furnaces and other fuel burning appliances installed do not cause trouble of this kind. Observations were made regarding the heights of chimneys from such premises and particular attention also given to boiler plants for certain shops within the central area. High concentrations of pollution often exist in the central areas of towns as a result of the density of buildings.

Invisible gases such as sulphur dioxide pollute our atmosphere particularly in these areas and the practical measures to control this problem is by ensuring that chimney heights are sufficient and the use of fuels with low sulphur content.

To avoid increased pollution with large scale housing development houses on the overspill estates are heated by either gas or electricity and this form of smoke control is being encouraged in the private housing sectors. Under these circumstances the Public Health Committee although aware of the need for smoke control did not find it necessary to declare Smoke Control Areas.

SECTION D

HOUSING

The growth of the housing accommodation for overspill families coming to live in the town became more evident as the year drew to a close. Altogether 516 dwellings were completed during the period. The Headlands Estate which received the first overspill families in 1966 was completed, while many houses were also being occupied on the Southbrook Estate. A third estate for overspill population, known as the Grange and situated to the west of the town was in the first stage of development.

The following table illustrates the position regarding the completion of overspill dwellings since the development scheme commenced.

	Number
Total overspill dwellings completed during 1966	83
Total overspill dwellings by end of year 1967	361
Total overspill dwellings by end of year 1968	877

Of the 877 completed dwellings a total of 720 were actually let to tenants; the majority of the families coming from Birmingham.

Many complaints were received of mould growth in these new centrally heated houses. This was particularly so in the concrete built dwellings, the gable walls being the worst affected areas. The trouble arose from condensation due to inadequate thermal insulation coupled with lack of ventilation. Steps are being taken to insulate the internal surfaces of gables in these concrete houses in order to try and overcome this problem.

The Borough Council again helped with rehousing elderly persons especially those from central area properties which have been acquired to make way for redevelopment. 24 new bungalows were occupied on a conveniently situated site in Kingsley Avenue, while a further six bungalows were under construction. A great demand exists for this type of accommodation and to meet this need a flatlet scheme to be known as the 'Henry Smith House' was planned for a site near the Edinburgh Square shops. This scheme was still in the design stage at the end of the year but two other sites were also being considered for bungalows.

82 private houses were completed and occupied, this figure being slightly lower than the number for 1967.

The Public Health Committee's policy of clearing unfit properties met with reasonable success and 33 such dwellings belonging to the Development Committee were demolished in the central area. This action has improved several parts of the town which were becoming unsightly and the assistance of the Divisional Estates Officer was appreciated over this matter. Eleven more sub-standard properties were closed, also part of another building closed for human habitation. 15 families were rehoused from unfit houses during 1968.

A number of repairs were carried out to privately tenanted houses upon request from your Inspector. In one case an owner was taken to court for failure to carry out repairs. An Order was made by the court for the necessary repair work but this still had not been completed by the end of the year and further legal action was due to be taken over this matter.

Two applications were received for Standard Grants and both were approved.

No applications were made for Certificates of disrepair.

HOUSING STATISTICS

I INSPECTION OF DWELLING HOUSES DURING THE YEAR

1.	(a)	Number of dwellinghouses inspected for Public Health or Housing Act defects	...	...	...	114
	(b)	Number of inspections made	...	...	...	199
2.		Number of dwellinghouses unfit for human habitation and incapable of repair at reasonable expense:—				
	(a)	Number scheduled in original Slum Clearance programme, 1955	...	...	...	117
	(b)	Number of additional houses found to be unfit as a result of a re-survey.	...	...	...	77
	(c)	Number dealt with 1955—1968	...	...	...	167
	(d)	Remaining unfit houses	...	...	...	27

II HOUSES DEMOLISHED

In Clearance Areas

1.	Houses unfit for human habitation	...	...	...	—
2.	Houses included by reason of bad arrangement	...	...	...	—

Not in Clearance Areas

3.	As a result of formal or informal procedure under Sec. 16 or Sec. 17 (1) Housing Act, 1957	...	...	...	33
4.	Local Authority owned houses certified as unfit	...	...	...	—
5.	Houses unfit for human habitation where action has been taken under local Acts	...	...	...	—
6.	Houses included in unfitness orders	...	...	...	—
7.	Number of dwellings included above which were previously reported as closed	...	...	...	—

III UNFIT HOUSES CLOSED

8.	Under Sec. 16(4), 17(1) and 35(1) Housing Act, 1957	...	...	...	11
9.	Under Sec. 17(3) and 26, Housing Act, 1957	...	...	...	—
10.	Parts of buildings closed under Sec. 18, Housing Act, 1957	...	...	...	1

IV NUMBER OF PERSONS DISPLACED

From houses to be demolished in or adjoining clearance areas.	No. of persons	...	—
	No. of families	...	—
From houses to be demolished not in or adjoining clearance areas.	No. of persons	...	17
	No. of families	...	12
From houses to be closed.	No. of persons	...	4
	No. of families	...	1
From parts of buildings to be closed.	No. of persons	...	4
	No. of families	...	2

V UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	By Owner	By Local Authority
11. After informal Action by Local Authority 53		—
12a After formal notice under Public Health Acts 1		1
12b Sec. 9, 16 and 24 Housing Act, 1957 —		—

VI UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)

NIL

VII PURCHASE OF HOUSES BY AGREEMENT (in clearance areas)

NIL

VIII HOUSING ACT 1957 PART IV — OVERCROWDING

1. (a) Number of dwellinghouses overcrowded at end of year	1
(b) Number of families dwelling therein	2
(c) Number of persons dwelling therein	9
2. Number of new cases of overcrowding reported during the year	2
3. Number of cases of overcrowding relieved during the year	3
Number of persons connected in such cases	21
4. Number of cases in which dwellinghouses became overcrowded again after Local Authority had taken steps to abate same	Nil

RENT ACT, 1957

Number of applications for Certificates of Disrepair ...	Nil
Number of Certificates granted	Nil

IMPROVEMENT GRANTS

(a) House Purchase and Housing Act, 1959 and Housing Acts, 1961 and 1964	
Number of applications for discretionary Grants ...	Nil
(b) House Purchase and Housing Act, 1959 and Housing Acts, 1961 and 1964	
Number of applications for Standard Grants	2
Number of applications approved by Local Authority	2
Number of applications refused by Local Authority	Nil

SECTION E

INSPECTION AND SUPERVISION OF FOOD AND DRINK

Food shops were inspected and re-visited in the town along with other premises where food was prepared and included canteens to factories and schools, hotels, etc. Generally the standard of hygiene was satisfactory and traders were co-operative over matters requiring attention.

A number of empty shop premises were demolished in Sheaf Street, and this has improved the position although there are still others which have been closed for some 2-3 years. These become a menace when interspersed with food shops where occupiers are endeavouring to keep up their standards.

Close liaison was maintained with the Divisional Estates Officer over the re-letting of shops acquired by the Development Committee particularly where food was to be sold.

A twice weekly market is held in Daventry and stalls were examined as necessary. The replacement of several crude timber stalls with modern metal ones has improved the appearance of the market as well as contributing to an improvement in hygiene.

There are no slaughterhouses in the town, all meat being supplied from the surrounding area, particularly Northampton. No action was necessary under the Imported Food Regulations 1968. These regulations are designed to deal with the inspection of bulk containerisation of meat transported direct from the continent.

There are no poultry slaughtering premises or egg pasteurisation plant within the Borough. Two complaints were received regarding unsound frozen chickens. These were investigated and the trouble found to arise from inadequate dressing technique which resulted in some of the organs remaining in the carcase and these had decomposed. The matter was taken up with the firm concerned and the customers were refunded their money.

A number of ice cream samples were taken and with the exception of one, were found to be up to standard when subjected to the methylene blue test. Several minor infringements were noted in the sale of ice cream from vehicles and appropriate action taken.

A number of shops are licensed to sell milk. There are two milk depots in the town in use and these were visited on several occasions. All milk comes from dairies outside Daventry and produced in accordance with the Milk and Dairies Regulations. One milk delivery vehicle was found to be unclean but this matter was put right when reported. A bread van was similarly dealt with.

A number of complaints were received regarding food and each was carefully investigated. Warning letters were sent in some of these cases and it can be stated that most manufacturers readily co-operated in taking

measures to prevent any recurrence. The following are typical cases dealt with:—

1. Cardboard in jar of baby food.
2. Empty tin in carten of baby's dried milk powder.
3. Tin of Stewed Steak with piece of cloth material in the contents.
4. String in wrapped sweet.
5. Dirty milk bottle.
6. Mould in a jar of preserve.
7. Two frozen chickens sold in unfit state.
8. Decomposed tin of fruit.

A total of 3,038 articles of food were checked for weight or measure by the Chief Inspector for Weights and Measures. 63 were found to have minor deficiencies and were dealt with by advice or caution at the time. It is worthy of note that all milk samples checked for the presence of antibiotics were found to be free from contamination by penicillin.

The following is a list of food premises grouped in categories of trade:

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

TRADE	Number of Premises			Number of Premises complying with Reg. 16	Number of Premises to which Reg. 19 applies	Number of Premises complying with Reg. 19
			
Bakehouses	3	3	3
Confectioners	9	9	4
Grocers (general)	17	17	15
Greengrocers	5	5	—
Butchers	7	7	7
Fish shops	2	2	2
Cafes	4	4	4
Licenced premises (Hotels, inns and club)	11	11	11
Canteens (factories, offices and schools)	15	15	15

NOTE. Regulation 16 requires wash basins to be provided.

Regulation 19 requires facilities for washing food and equipment.

SECTION F

PREVALENCE AND CONTROL OVER INFECTIOUS
AND OTHER DISEASES

There was an increase in the incidence of infectious diseases from last year's figure of 55 to 129. This was mainly due to the increase in measles notifications which rose from 33 to 104. One case of whooping cough was notified. Two cases of Sonne dysentery were notified. Once again, there were no cases of poliomyelitis and no case of food poisoning.

PERIOD DISTRIBUTION OF
NOTIFIED CASES OF INFECTIOUS DISEASE

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Measles ...	—	—	—	1	30	48	19	2	2	—	—	—	2 104
Scarlet Fever	1	—	1	1	5	—	—	—	—	2	3	—	13
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	1	1
Infective Jaundice	3	3	—	—	1	—	—	—	—	—	2	—	9
Scenne Dysentery	—	2	—	—	—	—	—	—	—	—	—	—	2
TOTALS	4	5	1	2	36	48	19	2	2	2	5	3	129

MEASLES

There were 104 cases, an increase from 33 last year. This highly infectious illness from which few individuals escape has its incidence almost exclusively in childhood. It usually follows a biennial incidence with a rise each alternate year. The course of the infection is almost always benign but complications which include otitis media, pneumonia, eye infections and, very occasionally, encephalitis do occur, also the illness itself is often unpleasant. Complications can be effectively dealt with by the variety of antibiotics now available, but the drugs themselves are not without side effects, are expensive and involve medical supervision. An effective measles vaccine has been developed and this became available for general use this year. It is hoped that in future years, measles, in common with diphtheria and poliomyelitis, may be virtually eradicated.

WHOOPIING COUGH

Only one case was notified. This is another condition which is becoming largely more benign, but in some cases can be distressing, and in infancy, a serious illness. Protection to this disease is often by triple vaccination, together with tetanus and diphtheria. The satisfactory lack of cases is probably due to the high immunisation rate in the town.

SCARLET FEVER

Thirteen cases were notified. This disease continues in its mild phase. Its principal interest is that it gives a rough indication of the amount of streptococcal infection in the community.

SMALLPOX

There were no cases. The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

DIPHTHERIA

There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore, with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease can be kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so, they neglect their welfare.

POLIOMYELITIS

Once again there have been no cases, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

SONNE DYSENTERY

There have been two cases.

FOOD POISONING

There were no cases. The condition is usually caused by one of the *Salmonella* organisms, the commonest being the Typhimurium strain or paratyphoid A or B. The *Staphylococcus* gaining entry to food from an infected spot or boil on the hands, arms or face of a food handler may also be an occasional cause. More rarely typhoid fever or botulism may occur. However, the commonest germ causing food poisoning is the *Salmonella* gaining entry into food by the faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat being today, one of the most frequent.

TYPHOID FEVER

There were no cases.

RESPIRATORY INFECTIONS

Eight deaths are recorded this year from pneumonia, two from bronchitis and 7 from influenza. The respiratory infections are now seldom a cause of death except as a terminal event but remain a considerable cause of ill-health. These are still the highest cause of loss of working hours, and bronchitis, nasal catarrh and sinus infections are still a cause of much disability.

INFECTIVE JAUNDICE

There were nine cases. The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other local authorities this also became operative in Northamptonshire. Under the Health Services and Public Health Act, 1968 infective jaundice became nationally notifiable in October of this year.

Acute infective hepatitis is a disease caused by a virus which attacks the liver and causes jaundice. It is mainly an infection of young people, of faecal-oral spread, with an incubation period of 15-50 days. The incriminative routes of infection are from food-handlers, water and children to their mothers. The virus is present in faeces, 16 days before

jaundice and up to 8 days afterwards. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists and nurses, drug addicts and in the various tattooing processes. The clinical groups of these two groups of hepatitis are indistinguishable. There is no specific treatment and jaundiced adults may be away from work from six weeks to two months and sometimes may not feel really fit for a year. Quarantine measures are of little value and patients can be treated at home or in hospital, provided that adequate hand-washing techniques are practised, and concurrent disinfection of excreta. Serum hepatitis could be virtually abolished, if disposable equipment were generally introduced. In the County, disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of great value for the protection of close contacts and pregnant women during epidemics.

VACCINATION AND IMMUNISATION

Children are offered immunisation to the following diseases: Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Smallpox and Measles in the earlier years. These procedures are carried out by the General Practitioner or by the County Council at their Child Welfare Clinics.

Figures are not available this year, of the numbers immunised in the town. The County Council will include these in their statistics for the year.

All children are offered vaccination against tuberculosis at the age of 13 years. There is a good response to this offer and large numbers are vaccinated each year in the schools.

TUBERCULOSIS

There were no cases.

Age and sex distribution of new cases and deaths 1968

Age Groups	New Cases				Deaths			
	Pulmonary		Other		Pulmonary		Other	
	M	F	M	F	M	F	M	F
0- ...	—	—	—	—	—	—	—	—
1- ...	—	—	—	—	—	—	—	—
5- ...	—	—	—	—	—	—	—	—
15- ...	—	—	—	—	—	—	—	—
20- ...	—	—	—	—	—	—	—	—
25 ...	—	—	—	—	—	—	—	—
35 ...	—	—	—	—	—	—	—	—
45 ...	—	—	—	—	—	—	—	—
55 ...	—	—	—	—	—	—	—	—
65 plus ...	—	—	—	—	—	—	—	—
TOTAL ...	—	—	—	—	—	—	—	—

Cases on Register at 31st December, 1967

Designation	Males		Females		Total
	Pulmonary	Other	Pulmonary	Other	
Notified in 1968 ...	—	—	—	—	—
Inward Transfers ...	1	—	—	—	1
Death ...	—	—	—	—	—
Cured ...	—	—	—	—	—
Removals ...	—	—	—	—	—
Remaining ...	23	4	22	2	51

SECTION G

FACTORIES ACT 1961

Prescribed Particulars on the Administration of the Factories Act 1961 Part I

INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH

	No. on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories without mechanical power ...	12	10	1	—
(ii) Factories with mechanical power ...	43	22	3	—
(iii) Other premises under Act (excluding outworkers' premises)	14	17	2	—
	69	49	6	—

CASES IN WHICH DEFECTS WERE FOUND

No. of cases in which defects were found	Found	Remedied	Ref. to M.H. Insp.	Ref. to H.M.I.	No. of Prosecutions
Want of cleanliness (S.1)	3	3	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable Temp. (S.3)	—	—	—	—	—
Inadequate Vent. (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	1	1	—	—	—
(b) Unsuitable or defective ...	2	2	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences (not relating to Outworkers) ...	—	—	—	—	—
Total	6	6	—	—	—

Part VIII-Outworkers

Number of outworkers registered during the year ... Nil

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The report covers the period of 12 months from the 1st January to the 31st December, 1968 and includes details required by Section 60 of the above Act.

Part I—General report upon the enforcement of the Act.

Part II—Statistics Tables.

PART I

REGISTRATION

The number of registration rose by three during the year due partially to the opening of new shops on the Southbrock Estate. At the end of the year there were 86 premises on the register.

Inspections were completed during the year of all the premises registered under this Act. A number of shops acquired by the Daventry Development Committee have been closed during the past 2-3 years owing to their poor condition. Some of these now present a neglected appearance particularly in Sheaf Street while at the rear of these buildings the land was overgrown with weeds, and walls and roofs were tumbling down.

Repairs and improvements were obtained at other premises. Several stairways were found to be defective and in one or two cases dangerous. There were a few instances of unclean sanitary and washing facilities and appropriate action was taken. Several shops in High Street were modernised and where plans were submitted to the Building Committee for approval, observations were given regarding matters covered by the Act.

A considerable number of visits were made to check upon lighting and heating standards. These results showed a considerable variation in standards. Recommendations were made in several cases where the temperature of offices and shops was below the required level. It must be stated however that the heating standards in offices was generally well above the minimum specified by the Act apart from those instances referred to. One shopkeeper complained of the running cost of providing sufficient heat and this was in an older type of premises with very high ceilings.

No accidents were reported during the year.

PART II

Table A

REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises	No. of premises registered during year	Total registered premises at end of year	No. of registered premises receiving general inspection during year
Offices	2	31	18
Retails Shops	5	46	30
Wholesale shops and warehouses	—	—	—
Catering establishments open to the public, canteens ...	—	8	8
Fuel storage depots	—	1	—
TOTALS	7	86	56

Table B

NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES

160

Table C

ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of workplace	No. of persons employed
Offices	239
Retail shops	178
Wholesale departments, warehouses	6
Catering establishments open to the public	37
Canteens	6
Fuel storage depots	2
TOTAL	468
Total males	238
Total females	230

Table D**EXEMPTIONS**

Part I — Space (Sec. 5(2) )	...	...	Nil
Part II — Temperature (Sec. 6)	...	...	Nil
Part III — Sanitary Conveniences (Sec. 9)			Nil
Part IV — Washing Facilities (Sec. 10(1))			Nil

Table E**PROSECUTIONS**

Nil

Table F**INSPECTORS**

No. of inspectors appointed under Section 52(1) or (5) of the Act. ...	...	...	One
No. of other staff employed for most of their time on work in connection with the Act. ...	...	...	Nil

**SUMMARY OF PUBLIC HEALTH INSPECTOR'S VISITS
DURING THE YEAR**

Housing:

No. of inspections made	...	...	...	...	...	199
Overcrowding	...	...	...	...	...	5
Drainage, W.C.s, Sinks, etc.	...	...	...	...	...	21
Miscellaneous Housing Visits	...	...	...	...	...	80
Food and Drugs and Ancillary Provisions	...	...	...	...	...	61
Food — Inspection and Condemnation	...	...	...	...	...	14
Offices, Shops and Railway Premises	...	...	...	...	...	160
Petroleum Licensing and Supervision	...	...	...	...	...	26
Refuse Collection	...	...	...	...	...	10
Refuse Disposal	...	...	...	...	...	6
Verminous Premises and Infestations	...	...	...	...	...	18
Infectious Disease and Food Poisoning	...	...	...	...	...	4
Pig keeping and other animal complaints	...	...	...	...	...	9
Nuisances	..	...	...	...	...	16
Theatres, Hotels and Places of Entertainment	...	...	...	...	...	9
Rodent Control	...	...	...	...	...	46
Schools	...	...	...	...	...	8
Temporary Dwellings	...	...	...	...	...	5

697

NOTES

